

# overcoming the *fear* of fear

How to Reduce  
Anxiety Sensitivity

A complete guide to help you:

- ✦ Understand anxiety sensitivity & why it's important to you
- ✦ Reduce the symptoms you experience as a result of AS
- ✦ Maintain your progress & prevent relapse

Margo C. Watt, Ph.D. &  
Sherry H. Stewart, Ph.D.  
Foreword by Steven Taylor, Ph.D.,  
author of *Anxiety Sensitivity*

“Fears, phobias, and even excessive use of drugs and alcohol can be fuelled by people’s fears of feeling anxious or uncomfortable. Watt and Stewart teach readers to confront their discomfort and fear head-on rather than constantly fight these feelings. The strategies described in the book are based on sound scientific research. Anyone whose biggest fear is fear itself should read this book!”

—Martin M. Antony, Ph.D., ABPP, professor of psychology at Ryerson University in Toronto, ON, Canada, and author of *The Shyness and Social Anxiety Workbook*

“Watt and Stewart have produced an important, timely, and clinically meaningful volume addressing the fear of fear. Their book is highly logical, linear, and clear in its presentation. The case vignettes help illustrate the role of fear of fear in the day-to-day lives of people and show how it can impact their lives. The clinical intervention strategies are steeped in evidence-based theory and are easy to understand and follow. Overall, there can be no doubt that this book will be an instrumental resource for researchers, teachers, clinicians, and the general public.”

—Michael J. Zvolensky, Ph.D., Richard and Pamela Ader Green and Gold Distinguished Full Professor in the department of psychology at the University of Vermont and director of the Anxiety and Health Research Laboratory and Clinic

“Watt and Stewart have written an easy-to-use guide for those who want to reduce the anxiety and stress in their lives. Clear, concise, and practical.”

—Steven Reiss, Ph.D., professor emeritus of psychology and psychiatry at Ohio State University

*“Overcoming the Fear of Fear* by Watt and Stewart is a must-read for people who are experiencing a wide range of psychological problems. *Overcoming Fear of Fear* addresses anxiety sensitivity in many psychological disorders, including anxiety disorders and depression. Watt and Stewart provide readers with ways of identifying their level of anxiety sensitivity, understanding how it might be affecting their lives, and reducing their anxiety sensitivity and psychological problems.”

—G. Ron Norton, Ph.D., professor emeritus at the University of Winnipeg

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Anxiety Sensitivity

Margo C. Watt, Ph.D. &  
Sherry H. Stewart, Ph.D.

New Harbinger Publications, Inc.

## Publisher's Note

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*The thing I fear most is fear.*

—Michel de Montaigne



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# Foreword

The notion of fear-of-fear is familiar to most people today. It famously entered into popular consciousness in 1933 with Franklin D. Roosevelt's inaugural address, in which he said, "The only thing we have to fear is fear itself—nameless, unreasoning, unjustified terror which paralyzes needed efforts to convert retreat into advance" (Rosenman 1938, 11). Scholars knew about fear-of-fear centuries before Roosevelt's speech. Perhaps the earliest reference was by Michel de Montaigne, who remarked in a paragraph consisting of a single sentence, "The thing I fear most is fear" (1580, 53). Unfortunately, this was all de Montaigne had to say on the subject. In the centuries to follow, references to fear-of-fear continued to be made by scholars. Yet it was not until the 1980s that scientists began asking important questions about this concept: What exactly is fear-of-fear? What causes it? Is excessive fear-of-fear an important problem for some people? If so, how do we help them overcome it?

Among the most important pioneers in this field were Steven Reiss and Richard J. McNally, who set about answering some of these important questions (see for example Reiss and McNally 1985). Instead of using the popular term *fear-of-fear*, which can mean many different things to different people, Reiss and McNally precisely defined the concept, which they called *anxiety sensitivity* (AS). This is the fear of anxiety-related bodily sensations, arising from the person's beliefs about the dangerousness of the sensations. Bodily sensations associated with anxiety include rapid heartbeat, sweating, trembling, dizziness, and concentration difficulties. Reiss and McNally proposed that people differ in their levels of AS. Some people have little or no AS, some people have

extremely high levels, and some have moderate levels. People with high levels of AS tend to be very frightened of anxiety-related sensations. If they experience rapid heartbeat, they are likely to believe that they are going to die of a heart attack. If they sweat or tremble in public, they are likely to worry that people will reject or ridicule them. If they have trouble concentrating because they are anxious, they worry that their concentration difficulties will lead to insanity.

Reiss and McNally developed the first comprehensive theory of AS and developed ways of measuring a person's level of AS. Other researchers soon recognized the importance of Reiss and McNally's work, and hundreds of studies have since been published on AS. The research suggested that a person's level of AS is largely learned as a result of childhood and other experiences, although genes also have a modest impact (Taylor et al. 2008). Research also indicates that high levels of AS are common in the general population, and that high AS increases the person's risk of developing all kinds of psychological problems, including anxiety disorders, problems with alcohol or drug abuse, and problems with chronic pain or excessive worry about one's health. Research also indicates that a particular form of cognitive behavioral therapy can reduce AS and thereby help the person overcome anxiety disorders or related problems. These important research findings are discussed in this book.

The authors of this book, Margo Watt and Sherry Stewart, are psychologists who have conducted a good deal of important research on AS. Equally important, they are skilled clinicians who are experienced in using cognitive behavioral therapy to treat people suffering from excessive AS. In this book, Watt and Stewart explain the nature of AS and present readers with the most important research findings. The authors clearly explain why elevated AS is an important problem that needs to be corrected, and they describe a number of scientifically proven cognitive behavioral methods to help people overcome excessive AS. This is the first self-help book devoted specifically to overcoming problems associated with elevated AS. Given that elevated AS appears to play a role in so many different clinical problems, the exercises described in this book should be helpful for many people suffering from emotional and other problems, especially if they are using this book while consulting a mental health professional with expertise in cognitive behavioral therapy. This

book is also a valuable aid for trainees in the mental health professions, who will be able to consult this concise, lucid, and well-illustrated book in order to learn how to effectively treat people suffering from excessive AS. Drs. Watt and Stewart are to be congratulated for producing such a valuable resource for both consumers and mental health practitioners.

Steven Taylor, Ph.D., ABPP  
Professor, Department of Psychiatry  
University of British Columbia



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Finally, the authors extend a sincere thank you to the many undergraduate students at both St. Francis Xavier and Dalhousie Universities who participated in the brief CBT and, thus, made an important contribution to the research literature and clinical practice in the area of anxiety and related problems.

# Introduction

*Fear is only as deep as the mind allows.*

—Japanese proverb

We all experience fear. Fear is what we feel when we encounter a bear in the woods, sit through turbulence on an airplane, or hear a strange noise late at night when we are all alone. Anxiety, on the other hand, is what we experience when we think about possibly encountering a bear in the woods, anticipate air turbulence on an upcoming flight, or worry about being alone at night. Related to fear and anxiety is anxiety sensitivity. *Anxiety sensitivity* refers to the tendency to respond fearfully to the bodily sensations associated with fear and anxiety. Such bodily sensations include a racing heartbeat, fast breathing, and sweating. In other words, anxiety sensitivity is the fear of fear.

As the Japanese proverb above suggests, anxiety sensitivity involves a particular way of thinking, or a “cognitive style.” The cognitive style characterizing anxiety sensitivity involves *catastrophizing* (thinking the worst) about the consequences of anxiety sensations. For example, if you have anxiety sensitivity, you might fear a racing heartbeat, believing that it means you’re about to have a heart attack. You might fear dizziness because you think you’re having a mental breakdown (“going crazy”). You might fear the trembling sensations you have when anticipating being embarrassed in front of other people. In contrast, a person with low anxiety sensitivity would consider such sensations to be unpleasant, but fleeting and harmless, consequences of being in an anxious state.

High levels of anxiety sensitivity are associated with various types of mental and physical health problems, including panic attacks, substance abuse, and pain. We'll look at the role anxiety sensitivity plays in development and persistence of these problems later in this book.

As authors, we intend for this book to introduce you to the concept of anxiety sensitivity. This book is also designed to familiarize you with the research findings that inform our understanding of this important risk factor for anxiety and related disorders. This book is further intended to help you determine whether you have high levels of anxiety sensitivity and to offer suggestions as to what you can do about it. We will introduce you to techniques (targeting both thinking patterns and actions) that can reduce your tendency to respond anxiously to fearful situations. Finally, the book discusses possible changes in lifestyle that may help you better manage your anxiety sensitivity.

The organization of this book reflects the organization of a brief treatment program targeted at changing faulty ways of thinking and acting (that is, a *cognitive behavioral* treatment), which research has shown are involved in causing and perpetuating anxiety sensitivity. We designed this program to specifically target high levels of anxiety sensitivity. Our research over the past three years has shown that this program is effective at reducing anxiety sensitivity levels and thus reducing pain-related anxiety (Watt et al. 2006b), depressed mood (Watt, Stewart, and Bernier 2005), and problems associated with drinking alcohol (Watt et al. 2006a). You will get the most benefit from the book by reading the chapters in order. Nonetheless, we've structured each chapter to stand on its own so you can focus on the sections that are most relevant to you.

Part I of this book begins with a definition of anxiety sensitivity and a description of what we know about why some people have higher levels of "fear of fear" than others. We offer an overview of how anxiety sensitivity is measured and then invite you to assess your own level of anxiety sensitivity.

Part II explains why anxiety sensitivity is important to our understanding and treatment of anxiety and related disorders. In this section, we examine the role of anxiety sensitivity in contributing to the development and maintenance of anxiety-related disorders, including panic disorder, post-traumatic stress disorder, and social phobia. We also examine the role of anxiety sensitivity in initiating and perpetuating other mental

and physical health problems, such as health anxiety (or *hypochondriasis*), chronic pain, substance abuse, and depression.

In Part III, we turn our attention to how you can reduce anxiety sensitivity by changing your thoughts, actions, and lifestyle. Here, we'll discuss ways of thinking that can fuel anxiety (for example, catastrophizing about the consequences of bodily sensations and overestimating the probability that these consequences will happen). We'll examine ways of behaving—both harmful and helpful—that can keep you trapped in, or release you from, anxiety-elevating patterns. We'll review how making lifestyle changes, particularly increasing physical activity, can help you better manage or even eliminate your “fear of fear.”

Finally, in Part IV, we talk about *relapse prevention*, how to maintain the gains you achieve by acquiring and practicing skills for managing and reducing your anxiety sensitivity. Here, we'll review how to practice your skills, how to prepare to react when you slip back into old ways of thinking and acting, and how to persevere with habit changes.

A self-help book is intended as a tool, and a tool is most useful when well suited to the task at hand. A self-help book is not intended to replace professional (medical or psychological) help. Indeed, you may need to complete the program described herein with the assistance of a professional. If you're someone whose functioning at work, home, or in relationships is impaired by mental and physical health problems associated with high levels of anxiety sensitivity (such as panic attacks, substance abuse, and pain-related anxiety), then we advise consultation with a professional. If you're someone with high levels of anxiety sensitivity but a limited support system, then working with a professional could enhance the benefits to be derived from this book.

In an empirical examination of some of the top-selling self-help books, R. E. Redding and colleagues (forthcoming) concluded that a good self-help book should be (1) clearly focused on the topic and (2) solidly grounded in research (with appropriate references, bibliographies, and lists of resources for further study and comparison); (3) the authors should be well qualified in training and experience to write about the topic; and (4) there should be some evidence that the book has “worked” (that is, other people have found it useful in their lives). Before releasing this book, through careful research we ensured that the program on which the book is based effectively helps people with high anxiety sensitivity. As mentioned previously, our research over the past three

years has shown that this program is effective at reducing high anxiety sensitivity and associated problems. Moreover, other research (Baillie and Rapee 2004) has found that cognitive behavioral treatments delivered in a self-help format similar to the one used here can work for many of the anxiety-related disorders. We're confident that the program described in this book will translate into an effective self-help program for some and will serve as a helpful manual for use with the assistance of a trained therapist for others. We hope you'll find that this book works for you.

## THE AUTHORS

Dr. Watt has a doctorate degree in clinical psychology. She has conducted research, published, taught, and practiced in the area of anxiety and related disorders for over ten years. She is an associate professor of psychology at St. Francis Xavier University in Antigonish, Nova Scotia, and an adjunct professor of psychology at Dalhousie University in Halifax, Nova Scotia. Her research interests include investigating and treating anxiety-related disorders, including health anxiety and pain, and cognitive behavioral therapy (CBT) approaches to treatment. Dr. Watt maintains a limited clinical practice wherein she treats patients with anxiety and pain-related disorders.

Dr. Stewart has a doctorate degree in clinical psychology and has conducted research, taught, and practiced in the area of anxiety and related disorders for over fifteen years. She has gained an international reputation for her research in the areas of addictions, anxiety disorders, and the comorbidity of mental health and substance abuse disorders. In particular, she has gained national and international recognition for her important health-related research on a novel approach to preventing alcohol abuse in adolescents and for her innovations in addictions research. In a recent survey of faculty members within clinical psychology programs accredited by the American Psychological Association, Dr. Stewart ranked nineteenth out of the seventy most productive faculty in terms of total publications and peer-reviewed journal articles (Stewart, Wu, and Roberts 2007). She is a professor of psychiatry and psychology at Dalhousie University in Halifax, Nova Scotia, and has a cross-appointment in the Department of Community Health and Epidemiology at Dalhousie. She maintained a clinical practice in Halifax, Nova Scotia, for a number of years.

## *Part I*

# What Is Anxiety Sensitivity?



## chapter 1

# Understanding Anxiety Sensitivity

*Learning to know anxiety is an adventure which every man has to affront if he would not go to perdition either by not having known anxiety or by sinking under it. He therefore who has learned rightly to be in anxiety has learned the most important thing.*

—Søren Kierkegaard

Kierkegaard's quote suggests that, to avoid being overwhelmed by anxiety, we must learn to be "in anxiety." This book is designed to do just that, to help people, in particular those who have a high level of anxiety sensitivity, learn to feel anxiety and not "sink under it." This chapter introduces the concept of anxiety sensitivity and explains the relationship among fear, anxiety, panic, and anxiety sensitivity. You'll learn how our bodies normally respond to stress (our natural emergency response system) and how some people are hypersensitive to the sensations produced by this response system. You'll be introduced to the types of concerns that bother people with high anxiety sensitivity.

## Case Vignette: Isabel

*Isabel is a twenty-three-year-old woman, who, for as long as she can remember, has been prone to bouts of anxiety. As a child, she remembers being particularly frightened by the sensations associated with anxiety, such as stomachaches. As a teenager, she dreaded gym classes because the sensations evoked by the physical activity—increased respiration, perspiration, and heart rate—frightened her. Whenever her heart started racing and she started to sweat, she was filled with a sense of dread that something terrible would happen to her. Isabel feared that she might have a heart attack or something worse—like completely losing control of herself. Moreover, she feared that if the other students noticed her anxiety, they'd tease her and make fun of her. Whenever her mother had asked Isabel to help her carry groceries up the stairs to their apartment, Isabel had made excuses to avoid the risk of having the feared sensations. In her teenage years, Isabel started to experience panic attacks, acute episodes of sudden and intense anxiety that seemingly came on completely out of the blue. These attacks occurred two or three times a month; sometimes she'd wake up in the middle of the night in the throes of a panic attack. When she wasn't having a panic attack, she worried about having one. She started to avoid situations or events that she thought might lead to a panic attack. By her second year in college, her panic attacks were so bad that she sought help at the campus health and counseling center.*

Isabel has panic disorder. Panic disorder is one type of anxiety disorder that is characterized by unexpected and repeated episodes of intense fear. This fear is accompanied by a number of physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress. The exact cause or causes of panic disorder are unknown and are the subject of intense scientific investigation. Heredity, other biological factors, and stressful life events are all believed to play a role in the onset of panic disorder. Another factor known to play a role in causing panic disorder is a high level of anxiety sensitivity.

*Anxiety sensitivity* (AS) refers to the fear of sensations associated with being in an “aroused” state, such as being anxious or distressed. Fear of these sensations arises from the belief that these sensations signify that harmful consequences will follow. Isabel, for example, was frightened by the sensation of her heart's racing; she feared that something terrible